

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082997

1. Entity Name

EVERGREEN LAWN AND LANDSCAPE, INC.

Principal Place of Business

5250 MELISSA DR
TITUSVILLE FL 32780

Mailing Address

5250 MELISSA DR
TITUSVILLE FL 32780

2. Principal Place of Business

4580 FLOOD ST.

Suite, Apt. #, etc.

3. Mailing Address

4580 FLOOD ST.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32927

Country

USA

Zip

32927

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADY, ROBERT J

5250 MELISSA DR
TITUSVILLE FL 32780

Name

Street Address (P.O. Box Number is Not Acceptable)

4580 FLOOD ST

City

Cocoa

FL

Zip Code

32927

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BRADY, ROBERT J
CITY-ST-ZIP 5250 MELISSA DR
TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 APR 2001

Date

321-383-3430

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90128 041 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)